

**Session 4 Topics**

- Topic 1 Welcome Back – 20 minutes**
- A. Warm-Up Activity and Review of Session 3
  - B. Preview of Session 4
- Topic 2 Helping Mothers with Special Challenges – 100 minutes**
- A. Overview
  - B. Twins
  - C. Premature Babies
  - D. Babies who are Sick or in the Hospital
  - E. Mothers with Diabetes
  - F. Mothers who are Ill or in the Hospital
  - G. Practice Counseling Mothers with Special Challenges
- Topic 3 Helping a Grieving Mother – 15 minutes**
- Topic 4 Expressing Milk – 60 minutes**
- A. Expressing Milk
  - B. Methods of Expressing Milk
  - C. Handling, Storing and Using Breastmilk
- Topic 5 Weaning – 10 minutes**
- Topic 6 Cultural Awareness – 30 minutes**
- Topic 7 Closing Activity and Preview – 10 minutes**
- A. Closing Activity
  - B. Preview of Session 5
  - C. Homework

## Topic 1 – Welcome Back

### A. Warm-up Activity and Review of Session 3 – Crossword Puzzle

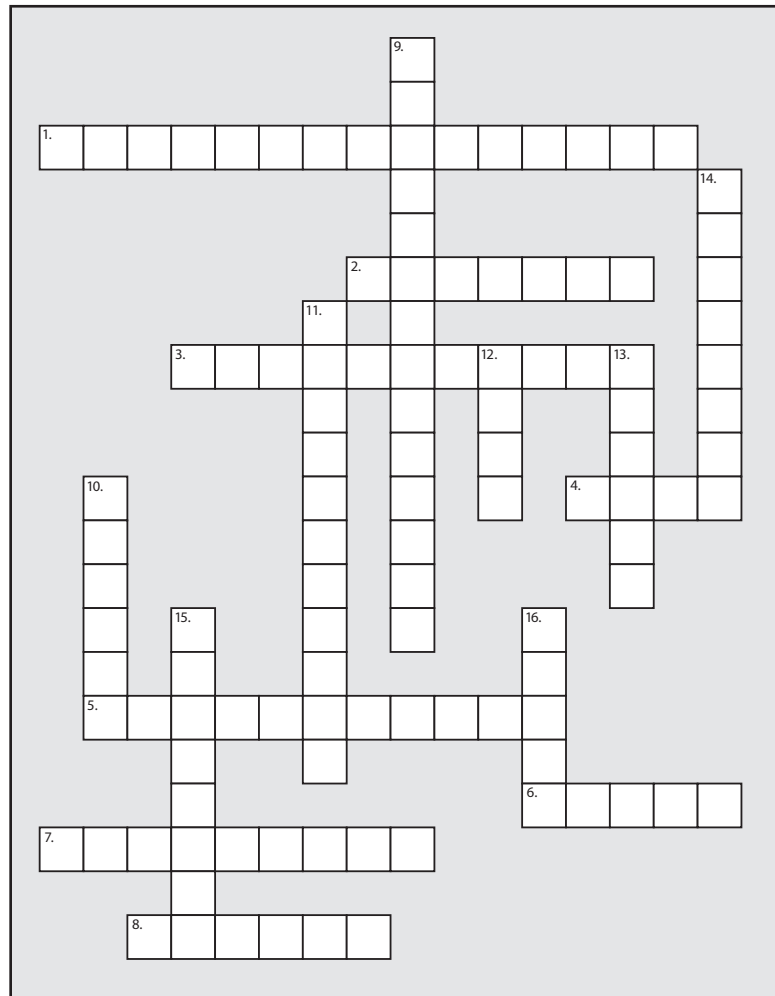
1. In groups, **complete** the crossword puzzle below. **Refer** to Session 3 for your answers.

#### Across

1. Babies who are still losing weight after 7 days of age may have \_\_\_\_\_.
2. \_\_\_\_\_ has no relationship with the amount of milk a mother makes.
3. \_\_\_\_\_ happens when too much fluid and milk builds up in the breast.
4. Feeding \_\_\_\_\_ are signs a baby is hungry.
5. A \_\_\_\_\_ is a tender spot and/or lump in the breast.
6. Newborns need to breastfeed 8–12 times in 24 \_\_\_\_\_.
7. There are four common \_\_\_\_\_ used when learning to breastfeed.
8. Two reasons babies \_\_\_\_\_ to breastfeed are bottle nipple preference and nursing strikes.

#### Down

9. Babies that have \_\_\_\_\_ have a steady but less than expected increase in weight.
10. Giving a baby formula before or after breastfeeding can cause babies to \_\_\_\_\_ a lot.
11. When positioning and/or latch are not correct mothers may get \_\_\_\_\_.
12. One thing a mother can do to make sure she has enough \_\_\_\_\_ is to breastfeed often.
13. White patches in the baby's mouth are signs of \_\_\_\_\_.
14. \_\_\_\_\_ is an infection in the breast.
15. \_\_\_\_\_ causes a yellow look to the skin or eyes.
16. \_\_\_\_\_-on is the process of the baby attaching to the breast.



**2. Review** your answers as a large group.

**Find** Handout #5, “Crossword Puzzle Answer Key” in the appendix and **compare** your answers.

**B. Preview of Session 4**

**Find** and silently read the topics for Session 4.

What are you most interested in learning about?

## Topic 2 - Helping Mothers with Special Challenges

### A. Overview



Once in a while you will talk to a mother with a special situation that may make breastfeeding more challenging. She may have a premature baby, or twins, or premature baby twins! She may have a baby that is sick or that was born with a special problem that may make breastfeeding harder. Mothers who are sick or have diabetes may also have special challenges with breastfeeding.

The following are some things you can do to help these mothers:

- Be a good listener—let her talk about her feelings
- Encourage mothers to talk to a lactation specialist if they have trouble breastfeeding or have been told to stop breastfeeding
- Talk to mothers about letting their health care provider know how important breastfeeding is to them
- Encourage mothers to ask their health care provider and lactation specialist for ways to treat their problem so they can continue to breastfeed

Remember your support can make a difference when helping these mothers!

**B. Twins**

Did any of you breastfeed twins or know a mother who breastfed twins?

**Share** with the group.



In the beginning, many mothers of twins often worry about taking care of two babies and making enough milk for both babies. Most mothers make plenty of milk for twins! Nature made it possible for more than one baby to breastfeed at the same time. Mothers of twins usually find that breastfeeding is easier and takes less time than preparing bottles and formula for two babies.

You can help by offering the following suggestions:

- 1) When getting started with breastfeeding, try feeding the babies one at a time.
- 2) After she's comfortable with positioning and latch, suggest she breastfeed both babies at the same time. This saves time and boosts her prolactin level, which helps her make more milk. It is not always easy at first, but most mothers and babies catch-on quickly.
- 3) If one baby has a weaker suck than the other, suggest the baby with the stronger suck start feeding at a different breast each time. This will help make sure milk is removed from each breast and keep the mother from getting engorged. Switching breasts will also help her have a good milk supply.
- 4) Let babies sleep together. (They are used to sleeping together!)
- 5) Ask friends and family to help with shopping, cooking and cleaning.
- 6) Have friends and family help bathe, diaper and comfort babies.
- 7) Keep snacks nearby so she can eat and drink often.
- 8) Rest when possible; sleep when babies sleep.
- 9) Join a twin or multiple support group.

Most of these suggestions will also work for mothers with more than two babies!

What other suggestions might a peer counselor have for a mother with twins?

**1. Positions Used with Twins**

What positions do you think would be helpful for a mother who is breastfeeding two babies at the same time?

**Compare** your list of positions with the ones on the following page.



### Positions for Breastfeeding Two Babies at the Same Time



#### **Combination Cradle and Clutch Hold**

The mother is sitting up straight. One baby is in the cradle hold. The other baby is in the clutch hold with his head on his twin's tummy.



**Criss-Cross Hold** — The mother is sitting up straight. Both babies are in the cradle hold, criss-crossed on her lap.

**Double Clutch Hold** — The mother is sitting up straight. Both babies are in the clutch hold. Some mothers use pillows or folded towels at her sides to support her babies. This position may be helpful for a mother who has had a c-section. In this position, the babies do not rest on her incision.

Mothers should use the positions that work best for them! If the mother is having problems with positioning the babies, talk to her about getting a special pillow for supporting the babies. Also, encourage her to talk to a lactation specialist if she has any worries.

- 2. Find** a partner. **Practice teaching** a mother of twins to breastfeed her babies at the same time. **Use** your dolls or stuffed animals. **Take turns** being the mother and the peer counselor.

What questions do you have about helping a mother breastfeed her twins?



**C. Premature Babies**

Has anyone had or known someone who has had a premature baby? What was it like for the mother? What helped her? What would have been helpful?



A premature baby is born at 37 weeks of pregnancy or earlier. These babies may be tiny and weak, born months too soon, or healthy babies born just a few weeks early. Some premature babies cannot breastfeed in the beginning, but they still need their mother's milk. Mothers may need to pump their breasts until the baby is able to breastfeed. This may take a few days to a few months. The mother of a premature baby makes special milk that meets her baby's needs.

**Doctors Recommend Breastmilk**

Doctors often prescribe breastmilk for premature babies. Sometimes doctors add extra calories, vitamins and minerals to breastmilk to help baby grow faster. Let mothers know that these added ingredients do not replace her breastmilk. Her milk is still the best food and medicine for her baby!

Premature babies fed breastmilk score better on IQ tests because breastmilk helps the baby's brain develop better. These babies also get sick less when they are fed breastmilk. Premature babies fed formula are more likely to get necrotizing enterocolitis (NEC). This is a serious problem that causes the baby's stomach and intestines to bleed. Breastfeeding protects against NEC.

**What You Can Do to Help**

- 1) Let mothers know they are doing something special by giving their babies their breastmilk – no one else can do that.
- 2) Let mothers know that breastfeeding usually gets easier as baby grows.
- 3) If the mother is discharged from the hospital, you can help her get a hospital grade electric pump and kit to express her milk from WIC. If the baby is still in the hospital, the hospital staff may give special instructions for pumping, storing, and labeling her breastmilk.
- 4) Provide extra help and support. Be a good listener!

Your help and support is very important for this mother and baby!

*Encourage mothers to spend their first days at home doing nothing but breastfeeding and/or pumping, and taking care of her baby.*

What questions do you have about helping a mother with a premature baby breastfeed or give breastmilk to her baby?



**D. Babies Who are Sick or in the Hospital**

Who has known a breastfeeding mother whose baby was sick or in the hospital?

How did breastfeeding go? What happened? What could you have done to help?

**Share** with the group.

**Sick Babies**

Most of the time, babies who are sick or in the hospital get better faster if they get breastmilk. Breastmilk has antibodies that fight baby's illness. If a baby is throwing up or has diarrhea, breastfeeding can keep the baby from getting dehydrated.

Sometimes sick babies want to breastfeed more and are comforted by breastfeeding.

Sometimes sick babies are too weak to breastfeed or do not want to. When this happens, talk to the mother about pumping to keep up her milk supply. Suggest she also call the baby's health care provider or a lactation specialist.

Some older babies, when they get sick, will not eat and will only want to breastfeed. This is OK. Breastfeeding will help the baby get better and may make the mother feel better too.

**Babies in the Hospital**

If a baby is in the hospital, encourage the mother to spend as much time as she can with the baby. Talk to her about breastfeeding as soon as possible after any test or surgery.

*If the baby cannot breastfeed, encourage her to pump as often as she would breastfeed her baby. If she does not have a pump, help her get one from WIC if possible.*





**E. Mothers with Diabetes**

People with diabetes have a hard time controlling the amount of sugar in their blood unless they eat right, exercise, and/or take medications. When blood sugar levels are not controlled, people with diabetes can get heart and kidney disease and become blind.

Mothers with diabetes can breastfeed their babies just like other mothers. Breastfeeding improves the health of all mothers, including mothers with diabetes. Some mothers with diabetes will not need as much medication as long as they are breastfeeding. Breastfeeding may protect their babies from getting diabetes as children.

While most medications for diabetes are OK to take while breastfeeding, a few are not. Suggest mothers with diabetes talk to their health care providers about breastfeeding before the baby is born. This way they can find a medication that will work with breastfeeding.

What questions do you have about helping breastfeeding mothers with diabetes?

**F. Mothers Who are Ill or in the Hospital**

**Divide** into small groups and **answer** the following questions.

If you were sick (colds, flu, etc.) while you were breastfeeding, what did you do? What did others tell you to do? How could you help a mother who is sick keep breastfeeding?

**Share** with the group.

**1. Mothers with Minor Illnesses.**

Most of the time a mother does not need to stop breastfeeding when she is sick or has a fever. Mothers do not pass illnesses such as colds or flu to their babies through breastmilk. By the time the mother knows she is sick, her baby has already been exposed to her illness. If she keeps breastfeeding, she gives her antibodies to her baby! This helps keep the baby from getting sick or if the baby does get sick, the baby will get better faster.

Remember, babies get sick when a person who is ill touches, kisses, coughs or sneezes on them. People who are sick, including mothers, should always wash their hands before touching the baby.

What questions do you have about mothers who breastfeed with minor illnesses?

2. Mothers Who Need to be in the Hospital.



If a mother tells you she needs to be in the hospital, talk with her about the following:

- Can the baby stay with her in the hospital?
- Will the hospital let someone bring the baby to her to breastfeed?
- Is there someone that can bring the baby to her to breastfeed and stay with her and the baby?
- Will the hospital let her use their electric breast pump or does she need to bring her own?
- If she is not able to pump on her own, is there someone that can help her? A nurse? A family member?
- Where can she store her milk at the hospital?
- Does she have time before she goes to the hospital to pump and store breastmilk?

If a mother has been told not to breastfeed due to an illness or a treatment, talk to her about the following:

- Can she ask her health care provider if there is a different medicine she can take?
- Can she pump and throw away her breastmilk to keep up her milk supply until she is able to breastfeed again?
- Has she talked to a lactation specialist?
- Can she get breastmilk from the human milk bank for her baby?

**Divide** into small groups and talk about how you can help a breastfeeding mother who is sick or in the hospital.

**Share** some of your ideas with the large group.

What questions do you have about helping a mother who is sick or in the hospital continue to breastfeed?

### 3. Mothers with Tuberculosis and Hepatitis



**Tuberculosis** (TB) is a lung disease that can be treated in most cases. It is caught by having close contact (kissing, coughing) with a person who has active TB. A mother with TB can breastfeed if she has been taking medications for 2 weeks and her health care provider tells her it is okay. If she continues to have questions, suggest she talk to her health care provider or a lactation specialist.

**Hepatitis** is an infection of the liver. There are three common types of hepatitis:

#### **Hepatitis A**

Hepatitis A is a virus often passed by infected people who prepare food and do not wash their hands after using the restroom. Mothers with Hepatitis A can breastfeed. Her milk protects the baby.

#### **Hepatitis B**

Hepatitis B is a virus spread through needles, blood and sexual contact. Babies now get vaccines against Hepatitis B, so they can breastfeed.

#### **Hepatitis C**

Hepatitis C is a virus spread through needles, blood and sexual contact. The chance of passing Hepatitis C to a baby through breastmilk is low. If a mother has Hepatitis C, she may breastfeed, as long as she does not have HIV (Human Immunodeficiency Virus) too.

### 4. Mothers with Sexually Transmitted Infections (STIs)



Most mothers being treated for sexually transmitted infections can breastfeed. Most medications are safe for the mother and baby. A mother with herpes or syphilis may breastfeed, unless she has open sores on her breast that can touch the baby's mouth. If the sore is on the nipple or areola, she should pump on that side until it is healed. If any part of the pump kit touches a sore, the milk should be thrown out. Encourage the mother to talk to a lactation specialist and her health care provider if she has a STI with an open sore on her breast.

What questions do you have about helping a breastfeeding mother who has any of these illnesses?

5. Mothers Who **Should Not** Breastfeed

In the United States, mothers who have HIV **should not** breastfeed because the virus can pass into breastmilk. Formula is a safe alternative. In poorer countries, however, mothers who have HIV are told they should breastfeed because formula feeding is not safe. The water supply in poorer countries is often contaminated leading to diarrhea and sometimes death.

Mothers who have the **Human T-Cell Leukemia Virus** should not breastfeed because it passes into breastmilk. Babies with this virus may get a cancer (leukemia) and die when they grow up.

Mothers being treated for cancer with **chemotherapy** should not breastfeed. The chemotherapy drugs get in breastmilk and may hurt the baby.

What questions do you have about mothers who should not breastfeed?

**G. Practice Counseling Mothers with Special Challenges**

**Divide** into groups of three. **Practice** using the Best Start 3-Step Counseling Strategy making sure each person is the “counselor”, the “mother” and the “observer” once. When you are the observer, **use** Handout #14 in the appendix to take notes. **Use** the following scenarios:

1. You call a mother and she tells you she has a fever and is throwing up. She thinks she has the stomach flu. Her mother thinks she shouldn't breastfeed and has offered to take the baby to her house so the baby won't get sick. She wants to know what she should do.
2. You call a mother and she tells you she will be having surgery in 2 weeks. She wants to keep breastfeeding her 3-month-old baby and does not want him to get any formula while she will be in the hospital for 3 days. She doesn't know what to do.
3. You call a mother and she tells you that her baby's grandfather, who lives with them, has TB. He has been taking medicines for TB for 2 weeks. She says she had a skin test and her doctor said she does not have it. She is worried her baby will catch TB through her breastmilk.



After each role-play, **discuss** the following within your group of three:

*Counselor:* What did you think worked best? What was difficult? What do you wish you had done differently?

*Mother:* What did you find helpful? What suggestions can you give to your “counselor”?

*Observer:* Did you see the 3-Step Strategy used? What was the best part of the counseling? What suggestions can you give to the “counselor”

**Share** how your counseling went with the large group.



*My baby is so precious, I want to give her my best by breastfeeding for her first year. I know I can always call my peer counselor for advice.*

### Topic 3 – Helping a Grieving Mother



One of the most difficult challenges when working as a peer counselor is talking to a mother who is experiencing grief. Mothers who are experiencing grief feel extreme sadness due to a loss. Sometimes it is hard to tell when a mother is grieving. Some mothers will be quiet and not want to talk. Others will want to share their feelings or just need a shoulder to cry on. Some will be angry or depressed and others will be in denial that anything is wrong. Some mothers need more time than others to adjust to a loss. It is important to remember that there is no right or wrong way to grieve. Everyone grieves in his or her own way.

The best way to help a mother who is grieving is to be a good listener and be understanding. It is important to let the mother talk about her feelings. Remember her grief is her own. Just listening and being supportive is the best way to help her cope during a difficult time. When appropriate, you can recommend a support group and let the lactation specialist know if the mother needs help with breastfeeding or weaning.

1. In small groups, **make** a list of reasons a pregnant woman or someone who has recently given birth may be experiencing grief. Compare your list with the list on the next page.
2. **Divide** into small groups. **Discuss** how your family or friends helped you cope with a loss. What did they say that made the situation a little easier for you? What would you avoid saying to a grieving mother?

**Share** with the large group.



### *Reasons a Mother Might Be Grieving*

- A recent or long ago death or illness in the family
- The death of her own baby or child
- A prior miscarriage or abortion
- An unexpected pregnancy or delivery outcome, such as
  - Diabetes
  - Bedrest
  - Illness
  - Caesarean Section
  - Difficult Labor
  - Difficult Recovery
- A past breastfeeding experience that didn't go as planned
- A current breastfeeding problem
- Separation of mother or baby
- Baby born with an illness or physical problem
- Family issues such separation, divorce or domestic violence
- Past history of sexual abuse



## Topic 4 - Expressing Milk

### A. Expressing Milk



Expressing milk can help a mother start or keep up her milk supply. Mothers express milk when their babies cannot breastfeed or when they are away from their babies.

There are many ways to express milk:

- Hand expression
- Manual pumps
- Battery operated pumps
- Semiautomatic pumps
- Personal use electric pumps
- Hospital grade electric pumps

Mothers should talk to a lactation specialist (or someone familiar with different pumps) about which pump is best for their own situation.

In small groups, **share** your experience with expressing milk.

How did you express milk?

What was your reason for expressing milk?

How did it work out?

**B. Methods of Expressing Milk****1. Expressing Milk by Hand**

Watch as your facilitator shows one method of hand expression using the breast model.



Many mothers find hand expression easy to learn. Some mothers like hand expression better than using a pump. To hand express:

- Gently massage the breast (as if doing a breast self exam).
- Place your thumb above the nipple and your index finger at the edge of the areola away from the nipple. The other fingers will rest underneath the breast.
- Press your thumb and fingers (index and middle) into the breast towards your chest area.
- Gently bring the thumb and fingers together and roll toward the areola. Be careful not to rub, pinch, or squeeze the breast or nipple.
- Repeat in a rhythmical pattern until milk flow slows from that area.
- Rotate the position of the thumb and fingers and repeat the process until all the breast has been expressed.
- Repeat the process on the other breast.
- Massage and express each breast again.

When a mother is learning to hand express suggest she:

- Hand express while the baby is breastfeeding on the other breast
- Find a quiet, relaxing place to express
- Look at a picture of her baby or think about her baby
- Expect only a small amount of milk in the beginning
- Be patient - learning takes time and practice
- Talk to a lactation specialist if she needs help

**Optional Activity**

**Watch** as your facilitator demonstrates hand expression. **Practice** hand expression using a water balloon.

What questions do you have about expressing milk by hand?



## 2. Manual and Battery Operated Pumps



**Manual pumps** do not cost a lot and are used by mothers who will not be pumping very often. There are three kinds of manual pumps:

- **Cylinder pumps, such as the Medela manual pump** – These pumps have two cylinders that work to create suction to remove milk from the breast. Local WIC agencies have these pumps. Some cylinder pumps have a very strong suction that can hurt the breast. Mothers need to be taught how to use them correctly.



- **Trigger pumps** – Mothers create suction by squeezing and letting go of the pump handle. These pumps can be used with one hand. If two are used, mothers can pump both breasts at the same time.



- **Rubber bulb (bicycle horn) pumps** – These pumps should not be used. These pumps pull milk into the bulb. Because they are hard to clean, milk can become contaminated. These pumps can also hurt the breast because the suction is too strong.

**Battery Operated Pumps** – These pumps have small motors that last about 150 hours. They also require batteries that need to be changed often. Most need the mother to press a button to control the suction. These pumps can work for mothers who only pump a few times a week. Used battery operated pumps often do not work well because the motor has worn out. Some do not ever work well.

Mothers *should not* share any of the pumps listed above with other mothers.

### 3. Electric Pumps



Mothers who need to express milk many times during the day may need an electric breast pump. When using an electric pump, pumping both breasts at the same time is usually best. This helps the mother make more milk and it takes less time.

#### **Semiautomatic Electric Pumps**

Mothers need to cover and uncover a hole or press a button to control the suction. The Bailey Nurture III pump is an example of a semiautomatic electric pump. Some WIC agencies purchase these pumps because they are inexpensive, last a long time, and can be shared with other mothers. They are good for mothers who already have a good milk supply.



**Personal Use Electric Pumps** – These pumps automatically create suction. The mother controls the rate and level of suction (how often and how much suction is created). These pumps are best for mothers who have a good milk supply and need to pump often. These pumps should not be shared.



**Hospital Grade Electric Pumps** – These work like the above pumps but can help mothers build up their milk supply. It's best for mothers to set the suction at the lowest level that works. All WIC agencies have some hospital grade electric pumps to loan to WIC participants.

What questions do you have about the different types of pumps?

### 4. **Practice** Putting Together a Pump Kit

**Watch** your facilitator put together a pump kit and connect it to an electric pump.

**Divide** into two teams. Practice putting together a pump kit.

When ready each team will *race* to put together one pump kit and attach it to the pump. Afterward, your facilitator will check to make sure the pump kit is put together correctly.

## 5. Helpful Tips for Pumping



When talking to a mother about expressing milk, let her know:

- It is normal for one breast to give more milk than the other.
- It is normal to have milk that changes color depending on what the mother eats or medications or vitamins she is taking.
- To continue pumping after the first let-down is over. There will be pauses when no milk flows, then another let-down will occur and more milk will flow.

**C. Handling, Storing and Using Breastmilk**

**Find** Handout #6, “Collecting and Storing Breastmilk When You’re Away” in your appendix.

**Divide** into five groups.

The facilitator **will give** each group one of the five topics covered in the handout.

**Read** the topic given to your group.

On a flip chart, **write** (in as few words as you can) what you would share about this topic with a breastfeeding mother.

**Share** what you wrote with the large group.

How do you think this handout could help a mother who is returning to work or school?

What questions do you have about handling, storing and using breastmilk?

## Topic 5 – Weaning



Weaning begins when the baby is fed anything other than breastmilk. In the United States, weaning often begins before the baby leaves the hospital! Most mothers think of weaning as the time when they stop breastfeeding completely. Sadly, once mothers of healthy, term babies start to give formula, they tend to breastfeed less and stop breastfeeding sooner than mothers who do not use formula.

Around the world, most mothers breastfeed until the baby is about 3 years old. In the United States, most mothers start to wean their babies before the baby is 4 months old! If a mother decides to wean before the baby's first birthday, the baby must be given formula not regular cow's milk.

Sometimes babies begin to wean themselves and other times mothers begin to wean their babies. When a mother decides to wean her baby, it is important to do it slowly. Stopping quickly can be upsetting for both the baby and the mother. When breastfeeding stops suddenly, the baby loses his favorite way to be comforted and the mother's breasts might become engorged. Weaning slowly makes it easier for both mother and baby.

Weaning can be an emotional time for the mother. Some mothers feel sad about weaning. Other mothers feel satisfied and are ready to stop breastfeeding. It is important to examine your own beliefs about weaning so you can help each mother decide what is best for herself, her baby and her family.

**Find** a partner and share the following:

How old was your baby when you or your baby started the weaning process?

What were your reasons for weaning your baby?

How did your baby react to breastfeeding less often or being weaned?

How did you feel about weaning your baby?

## Topic 6 – Cultural Awareness



In Session 1, we looked at the importance of respecting everyone's differences. We also learned we are alike in many ways and different in others. Let's take a closer look at different ethnic groups and see how they are alike and how they are different.

The information about each group is not meant to "stereotype" or mean that all people from the same group have the same beliefs or do the same things. This information is to help you have a better understanding of each group so that you will be able to help many mothers breastfeed.

**Share** with the class the ethnic group you identify with most. Find others that share your ethnicity and form a group. If there are no others that share your ethnicity, it's okay to work by yourself, your class mates will benefit from your story.

As a group, **make** a list of the following on flip chart paper:

1. Your beliefs about family, motherhood, etc. Include in your list: Who makes the important decisions in the family? Who does the mother turn to when she has questions about feeding or taking care of her baby?
2. Your family's (mother's, baby's father, mother-in-law's, etc.) thoughts about breastfeeding.
3. Foods mothers eat or do not eat when breastfeeding.
4. When are foods or drinks other than breastmilk or formula given to babies? What foods or drinks are given to babies? Why are these foods or drinks given?
5. Who can touch a mother or her baby? How much eye contact is normal?

**Find** Handout #7, "Ethnic Awareness" in your appendix. If your ethnic group is listed on this handout, compare your list with the information that is provided.

**Answer** the following questions:

How is your list the same? How is it different?

What would you like to add to your list?

**Share** your list with the large group.

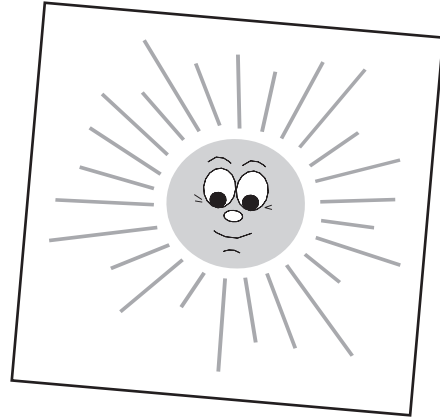
## Topic 7 – Closing Activity and Preview

### A. Closing Activity

1. **Sunshine Wheels:** In your own words, finish the following sentences on strips of paper (one sentence per piece). These strips will become the “rays of the sun.” Post your rays on the flip chart with the sun that matches your rays.

- a. Breastfeeding is:
- b. Because I breastfed, my baby is:
- c. Being a peer counselor means:
- d. A trait I have that will help me be a good peer counselor is:

After all the rays are posted, **walk** around the room and **see** how everyone completed the sentences.



2. **Look** at the tree made at the beginning of our first session. What topics were covered today that you wanted to learn more about? Your facilitator will **move** those post-it notes to the roots of the tree.

### B. Preview of Session 5

**Look** at the topics for Session 5.

What are you **looking forward** to learning about?

**Share** with the group

### C. Homework

**Practice** the 3-Step Counseling Strategy when talking with your family and friends before the next session. The more you practice, the easier this counseling strategy will become. Remember to ask questions, affirm feelings and educate when appropriate.